

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

09/331264

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2				/		
3				/		
4				/		
5				/		
6				/		
7				/		
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49						
50						
TOTAL IND.			1			
TOTAL DEP.			24			
TOTAL CLAIMS			25			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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